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To: Company: Fax Number: Tel Number:
Examiner: Jeremy C. Norris USPTO +1.571.273.8300

From: Lawrence J. McClure

Date: August 18, 2006

Time:

Total number of pages incl. cover page: 9

For internal purposes only:

Client number: 81716.0120

Attorney billing number: 1966

Confirmation number: Return Fax to Diane Zynn

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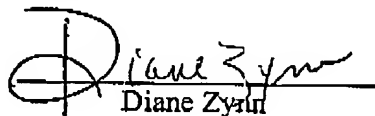
MESSAGE:**RE: U.S. Patent Application Serial No.: 10/774,551, Our Ref. 81716.0120**

I hereby certify that the following documents:

- Amendment/Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

August 18, 2006
Date of Deposit


Diane Zynn

FORM PRO-1083

AUG 18 2006

81716.0120
Patent Application No. 10/774,551

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ken FURUKUWA

Serial No. 10/774,551

Filed: February 9, 2004

For: CERAMIC CIRCUIT BOARD AND METHOD FOR
MANUFACTURING THE SAME

Art Unit: 2841

Examiner: Jeremy C. Norris

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August 18, 2006

Date of Deposit

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Name

Signature

08/18/06
Date

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20	**	0	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	***	0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
Independent Claim: 9					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, write "20" in this space.

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$___ for the _____ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 18, 2006

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Appl. No. 10/774,551
Am. lt. Dated August 18, 2006
Reply to Office Action of May 19, 2006

Attorney Docket No. 81716.0120
Customer No.: 26021

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AUG 18 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: application of:

Ken FURUKUWA

Serial No: 10/774,551

Confirmation No.: 1137

Filed: February 9, 2004

For: CERAMIC CIRCUIT BOARD AND
METHOD FOR MANUFACTURING
THE SAME

Art Unit: 2841

Examiner: Jeremy C. Norris

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Alexandria, VA 22313-1450 on

August 18, 2006

Date of Deposit

Diane Zynn

Name

Signature

08/18/06
Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 19, 2006, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.